



FORM
ORG
(Rev. 5/2012)



**HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT**

13 MAR 25 A10:33

REPORT YEAR: 2013

☐ Amended Statement

For Lobbying Reporting Period: ☒ January 1 - last day of February

☐ March 1 - April 30

☐ May 1 - December 31

STATE OF HAWAII
STATE ETHICS COMMISSION

ORGANIZATION INFORMATION

Hawaii Insurers Council
Organization Name
1003 Bishop Street Suite 2010

Alison Powers
Contact Person

Mailing Address (Number and Street or P.O. Box)

Honolulu

HI

96813

City

State

Zip Code

(808) 525-5877

powers@hawaiiinsurerscouncil.org

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES

		Total Amount
1	Preparation & Distribution of Lobbying Materials	0.00
2	Media Advertising	0.00
3	Postage	0.00
4	Compensation Paid to Lobbyists <i>(Attached Additional Sheets As Needed)</i> <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
	Lobbyist Name	Compensation Paid
A.	Alison Powers	\$ 6,385.00
B.		
C.		
D.		
E.		
F.		
G.	Total from Additional Attached Sheet(s)	
	Add lines A through G	Total Compensation Paid ▶ 4 \$ 6,385.00
5	Fees Paid to Consultants (other than to Lobbyists)	0.00
6	Entertainment & Events	0.00
7	Receptions, Meals, Food & Beverages	0.00
8	Gifts	0.00
9	Loans	0.00
10	Other Disbursements	0.00
	Add lines 1 through 10	Total Expenditures ▶ \$ 6,385.00

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

List all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other (indicate below): |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | <u>Property & Casualty</u> |
| | | | <u>Insurance</u> |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

Signature of Authorized Person

Alison Powers

Print Name

Date

Executive Director

Title